

Missouri Pharmacy Program – Preferred Drug List



Direct Renin Inhibitors Effective 04/09/2008

Preferred Agents

Tekturna

Non-Preferred Agents

Approval Criteria	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial and failure on 1 Angiotensin Receptor Blocker (ARB) agent	Lack of adequate trial on required preferred agents.
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.